



PART OF THE MEMORIAL NETWORK

by FedEx

April 10, 2018

Ms. Courtney Avery
Executive Secretary
Illinois Health Facilities and
Services Review Board
525 West Jefferson
Springfield, IL 62761

**RE: Revised Final Realized Cost Report
Memorial Hospital-East Medical
Clinics Building
Shiloh, Illinois
Project 16-018**

Dear Ms. Avery:

Please be advised that the above-referenced project was completed and opened on October 23, 2107; and that it was completed consistent with all terms of the Permit, including the project's costs and sources of funds, as approved by the State Board. Attached are: 1) a comparison the approved costs and funding to those incurred, and 2) confirmation of the final payment.

Please be advised that the undersigned hereby certify that:

- the identified costs are the total costs required to complete the project;
- there are no additional or associated costs or capital expenditures related to the project
- The project has been completed consistent with the Permit, including the project's cost and square footage.

Attached are an itemization of the project's costs and a final Application and Certification for Payment for the construction contract.

Sincerely,

Mark J. Turner
President

Notarized:



BJC HealthCare

**Comparison of Approved Project Costs and Sources of Funds
to
Realized Project Costs and Sources of Funds to be Submitted for Reimbursement
under Title XVIII and XIX**

	Approved per Permit	Realized Amount
Project Costs:		
Preplanning Costs	\$90,000	\$29,140
Site Survey & Soil Investigation	\$7,500	\$32,190
Site Preparation	\$720,000	\$622,467
Off Site Work	\$300,000	\$ --
New Construction Contracts	\$16,249,091	\$15,773,379
Construction Contingency	\$1,190,985	\$ --
Architectural/Engineering Fees	\$1,250,000	\$269,040
Consulting & Other Fees	\$1,482,000	\$928,550
Movable Equipment	<u>\$3,757,061</u>	<u>\$2,586,156</u>
	\$25,046,637	\$20,240,922
 Sources of Funds:		
Cash and Securities	\$25,046,637	\$20,240,922

REQUEST FOR PAYMENT

From: Holland Construction Services
4495 North Illinois Street
Swansea, IL 62226

To: BJC HealthCare
8300 Eager Rd. Ste 600C
Planning Design & Construction
Saint Louis, MO 63144

Invoice: 31601715 Rev
Draw: 15
Invoice date: 3/23/2018
Period ending date: 3/23/2018

Contract For:

Request for payment:

Original contract amount	\$10,589,794.28	
Approved changes	\$4,192,075.86	
Revised contract amount		\$14,781,870.14
Contract completed to date		\$14,781,870.14
Add-ons to date	\$0.00	
Taxes to date	\$0.00	
Less retainage	\$0.00	
Total completed less retainage		\$14,781,870.14
Less previous requests	\$13,176,071.15	
Current request for payment		\$1,605,798.99
Current billing		\$263,047.46
Current additional charges	\$0.00	
Current tax	\$0.00	
Less current retainage	-\$1,342,751.53	
Current amount due		\$1,605,798.99
Remaining contract to bill	\$0.00	

Project: 16-017.G0

Memorial MOB

Contract date: 9/28/2016

Architect: Archimages, Inc

ARCHITECT'S CERTIFICATE FOR PAYMENT

In accordance with the Contract Documents, based on on-site observations and the data comprising this application, the Architect certifies to the Owner that to the best of the Architect's knowledge, information and belief the Work has progressed as indicated, the quality of Work is in accordance with the Contract Documents, and the Contractor is entitled to payment of the AMOUNT CERTIFIED.

AMOUNT CERTIFIED

(Attach explanation if amount certified differs from the amount applied for.)

By:

Date:

This certificate is not negotiable. The AMOUNT CERTIFIED is payable only to the Contractor named herein. Issuance, payment and acceptance of payment are without prejudice to any rights of the Owner or Contractor under this Contract.

CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS
Changes approved in previous months by Owner	4,141,358.00	
Total approved this Month	50,717.86	
TOTALS	4,192,075.86	
NET CHANGES by Change Order	4,192,075.86	

I hereby certify that the work performed and the materials supplied to date, as shown on the above represent the actual value of the accomplishment under the terms of the Contract (and all authorized changes thereof) between the undersigned and the BJC HealthCare relating to the above referenced project. I also certify that the contractor has paid all amounts previously billed and paid by the owner.

CONTRACTOR: Holland Construction Services

State Of IL

County Of St. Clair

By: Kathie McGhee

Subscribed and sworn to before me this 23 day of March, 2018

Date: 3/23/18

Notary Public Jeri Staley
My commission expires: 1-9-19



REQUEST FOR PAYMENT

From: Holland Construction Services
4495 North Illinois Street
Swansea, IL 62226

To: BJC HealthCare
8300 Eager Rd. Ste 600C
Planning Design & Construction
Saint Louis, MO 63144

Invoice: 3170213
Draw: 3
Invoice date: 3/23/2018
Period ending date: 2/28/2018

Contract For:

Architect:

Request for payment:

Original contract amount	\$1,044,520.00	
Approved changes	-\$53,011.00	
Revised contract amount		\$991,509.00
Contract completed to date		\$991,509.00
Less retainage	\$0.00	
Total completed less retainage		\$991,509.00
Less previous requests	\$680,868.97	
Current request for payment		\$310,640.03
Current billing		\$234,987.91
Less current retainage	-\$75,652.12	
Current amount due		\$310,640.03
Remaining contract to bill	\$0.00	

Contract date:

Project: 17-021.G0
Memorial MOB-Lincoln Surgical

ARCHITECT'S CERTIFICATE FOR PAYMENT

In accordance with the Contract Documents, based on on-site observations and the data comprising this application, the Architect certifies to the Owner that to the best of the Architect's knowledge, information and belief the Work has progressed as indicated, the quality of Work is in accordance with the Contract Documents, and the Contractor is entitled to payment of the AMOUNT CERTIFIED.

AMOUNT CERTIFIED \$
(Attach explanation if amount certified differs from the amount applied for.)

By: _____ Date: _____
This certificate is not negotiable. The AMOUNT CERTIFIED is payable only to the Contractor name herein. Issuance, payment and acceptance of payment are without prejudice to any rights of the Owner or Contractor under this Contract.

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Total approved this Month		
TOTALS		
NET CHANGES by Change Order		

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CONTRACTOR: Holland Construction Services

State Of IL

County Of St. Clair

By: Kati McCutcheon

Subscribed and sworn to before me this 23 day of March 2018

Date: 3/23/18

Notary Public Jeri Staley

My commission expires: 1-9-19

